MOUNTAINVIEW PET RESORT & SPA BOARDING CONSENT FORM

Owner Name:	Phone Number:					
Pet Name:	Pet's Weight:					
Date of Drop Off:	Date of Pick-Up:					
PICK UP IS ONLY AVAILABLE BETWEEN 4:00PM & 5:00PM ON SUNDAYS						
Drop-Off for Monday - Friday 1:00 - 5:00PM Saturday 9:00AM- 1:00PM						
Pick-Up for Mond	ay - Friday 9:00AM - 12:00PM Saturday 9:00AM - 1:00PM					
Please list any addition	al persons that have permission to pick up your pet:					
Food (Circle One) P	et's Own Food/Clinic's Food Amount to be Feed					
Type of Food if Pet's O	vn Food:					
Feeding Frequency:	Once Daily: AM/PM (circle one) Twice Daily					
	dications, please not the medication & the dosing instructions there is a minimal fee for medication administration.					
Medication:	Dosage/Frequency:					
Medication:	Dosage/Frequency:					

Please list all your pet's belongings (in detail	Please list a	l your	pet's be	longings	(in	detail
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Please circle your pet's lodging:

<u>CATS</u> <u>DOGS</u>

Suite @ \$19.50/night Run @\$19.50/night

Suite @\$32.50/night

Additional Pet Fee is \$9.99/night

Day-Care @ 1/2 cost of the above rates

Please indicate any additional procedures you would like performed while your pet is with us. _____

A capstar will be administered @ the owner's expense to any animals on which live fleas are found Any property damages, owner will be responsible for cost of repairs**

I, the undersigned, give veterinarians of Mountainview Veterinary Services permission to treat the above pet in an emergency. I also release Mountainview Pet Resort & Spa from any liability relating to fire, natural disaster, or other environmental factors.				
Signature:	Date:			
Witness:	Date:			